

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-045373

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 548Registrar's No. 3200

STATE FILE NUMBER

FILED NOV 10 1962

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

WEBSTER GROVES.

Length of stay in 1b

YESc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION118 CENTRAL AVE

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

ST. LOUIS

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWNWEBSTER GROVESd. STREET
ADDRESS

(If outside, give location)

118 CENTRAL AVE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

THOMAS MILES4. DATE
OF
DEATH

Month

Day

Year

NOVEMBER 2, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

MAR 25, 1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED - MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY

STEEL COMPANY CRANLEIGH, ENGLAND.

11. BIRTHPLACE (City and state or country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

MILES

13b. MOTHER'S MAIDEN NAME

NOT KNOWN

14. NAME OF HUSBAND OR WIFE

MARY MILES

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO.

17. INFORMANT

THOMAS E. MILES (SON) 118 CENTRAL AV.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized cachexiaINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinomatosis generalized

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 6, 1961 to his death and last saw her Sept. 22, 1962
Death occurred at approx. 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph R. Murphy, M.D.

22b. ADDRESS

3284 Ivanhoe S.L. 39

22c. DATE SIGNED

11.3.6223a. BURIAL, CREMATION,
REMOVAL (Specify)REMOVAL

23b. DATE

NOV. 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEM.

23d. LOCATION (City, town, or county)

ST. LOUIS, MO.

(State)

24. FUNERAL DIRECTOR

M.J. CROGHAN 7825 BIG BEND

ADDRESS

WEBSTER GROVES, MO.

25. DATE RECD. BY LOCAL REG.

11-3-62

26. REGISTRAR'S SIGNATURE

Joseph R. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/591400724067345678910111213141516171819202122232425262728293031323334

011-5-2502
3284
Shenbrot

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Van M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.